

JUL 16 2008

VIA FACSIMILE - 1-571-273-8300

2 pages

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 2873-US-CNT		
Serial No. 10/622,237	Filing Date July 17, 2003	Examiner M. Haddad	Group Art Unit 1644			
In Re Application of Peter Robert Baum and William C. Fanslow III For ANTIBODIES THAT BIND LDCAM (as amended)						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$460.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,050.00) <input type="checkbox"/> Four months of original due date (\$1,640.00) <input type="checkbox"/> Five months of original due date (\$2,230.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested:						
<input type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input checked="" type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.						
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	Minus	=	0	x \$50	=	\$ 0.00
Indep. Claims	Minus	=	0	x \$210	=	\$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$370 = \$ 0.00
Total Additional Fee for this Amendment \$ 0.00						
<input type="checkbox"/> If the entry in column 2 is less than the entry in column 4, write "0" in column 5. <input type="checkbox"/> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. <input type="checkbox"/> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1050.00. A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
Please Send Future Correspondence To: <b>22932</b>						
Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000						
 James E. Kłaniecki Attorney/Agent for Applicant(s) Registration No.: 38,207 Phone: (206) 265-7145 Date: July 16, 2008						

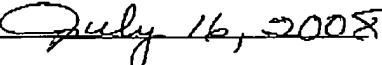
07/17/2008 VBUI11 00000021 090089 10622237

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## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any other referenced document, is being facsimile transmitted to the United States Patent and Trademark Office, Mail Stop Amendment, on the date indicated below.

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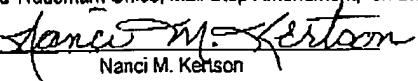
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